



The Regulation and  
Quality Improvement  
Authority

## Unannounced Secondary Care Inspection

**Name of Establishment:** Pine Lodge  
**RQIA Number:** 1013  
**Date of Inspection:** 3 March 2015  
**Inspector's Name:** John McAuley  
**Inspection ID:** IN021246

The Regulation And Quality Improvement Authority  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

## 1.0 General information

<b>Name of Service:</b>	Pine Lodge
<b>Address:</b>	186 Belmont Road Belfast BT4 2AS
<b>Telephone number:</b>	028 90673111
<b>E mail address:</b>	anne.doherty@belfasttrust.hscni.net
<b>Registered Organisation/ Registered Provider:</b>	Belfast HSC Trust Mr Martin Dillon
<b>Registered Manager:</b>	Mrs Anne Doherty
<b>Person in charge of the home at the time of inspection:</b>	Mrs Anne Doherty
<b>Categories of care:</b>	RC-I
<b>Number of registered places:</b>	40
<b>Number of residents accommodated on Day of Inspection:</b>	18 of which 3 residents are permanent and 15 residents receiving intermediate care.
<b>Scale of charges (per week):</b>	Trust Rates
<b>Date and type of previous inspection:</b>	7 April 2014 Secondary inspection
<b>Date and time of inspection:</b>	3 March 2015 10:15 am – 1.00 pm
<b>Name of Inspector:</b>	John McAuley

## 2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of an unannounced secondary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

## 3.0 Purpose of the inspection

The purpose of this unannounced inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

## 4.0 Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff
- Consultation with residents
- Inspection of the premises
- Evaluation of findings and feedback

## **5.0 Inspection focus**

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard:

### **Standard 9 - Health and social care**

**The health and social care needs of residents are fully addressed.**

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home's performance:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation or in some circumstances a requirement, being made within the inspection report.
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 6.0 Profile of service

Pine Lodge Residential Care home is situated on the Belmont Road in Belfast.

The residential home is owned and operated by Belfast Health and Social Care Trust. The registered manager is Mrs Anne Doherty who has been in this position for over ten years.

Accommodation for residents is provided single room on a ground floor level. Access to the first floor is via a passenger lift and stairs, which is primarily used for physiotherapy purposes for intermediate care residents.

Two communal lounges and a dining area is provided on the ground floor.

Catering services are provided by a central location by the Trust, with meals being delivered to the home on a daily basis. The home has catering facilities to provide for heating of foods and snacks.

Laundry services on the ground floor.

A number of communal sanitary facilities are available throughout the home.

The home is registered to provide care for a maximum of 40 persons under the following categories of care:

Residential Care;

I – Old age not falling into any other category

The home has submitted a variation of category of care application to RQIA in lieu of the intermediate care provision and this is under review.

## 7.0 Summary of inspection

This secondary unannounced care inspection of Pine Lodge Residential Care Home was undertaken by John McAuley on 3 March 2015 between the hours of 10:15am and 1pm. The registered manager, Mrs Anne Doherty was available during the inspection and for verbal feedback at the conclusion of the inspection.

The previous inspection to the home was an unannounced inspection on 7 April 2014. There were no requirements or recommendations made as a result of that inspection.

The focus of this unannounced inspection was Standard 9 of the DHSSPS Residential Care Homes Minimum Standards on Health and Social Care. Review of this standard found there were processes in place to ensure the effective management of the standard inspected. Care records confirmed evidence that issues of assessed need had a recorded statement of care / treatment given and effect of same. This included referrals to the resident's GP and / or aligned healthcare professional(s). Discussions with staff revealed knowledge and understanding of residents' needs and prescribed interventions to promote their wellbeing. This was further evidenced via observations of care practices, as discussed later in this report. This standard was overall assessed as compliant.

During the inspection the inspector met with residents and staff, observed care practices, examined a selection of records and carried out a general inspection of the residential care home environment.

### **Stakeholder consultation**

Feedback from residents was all positive and complimentary, with no concerns expressed by any residents.

Those residents receiving intermediate care were keen to express their praise and gratitude for the care received and kindness and support received from staff. They also gave detail and account on how their admission to the home was benefitting their health and well-being.

Comments received from residents are included in section 10.0 of the main body of the report.

Discussions with staff were positive on their views about the provision of care, teamwork and staff morale.

### **General environment**

The home was clean and tidy, with a good standard of décor and furnishings being maintained.

### **Care practices**

Observations of care practices throughout this inspection found that residents were treated with dignity and respect. Staff interactions with residents were found to be polite, friendly, warm and supportive.

No requirements or no recommendations were made as a result of the secondary unannounced inspection.

The inspector would like to thank the residents, staff and the registered manager for their assistance and co-operation throughout the inspection process.

**8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 7 April 2014**

No requirements or recommendations resulted from the secondary unannounced inspection of Pine Lodge which was undertaken on 7 April 2014.



**9.0 Inspection Findings**

<b>STANDARD 9 - Health and social care</b> <b>The health and social care needs of residents are fully addressed.</b>	
<b>Criterion Assessed:</b> 9.1 The home has details of each resident’s General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
A review of residents’ care records confirmed that the details of each resident’s GP and aligned healthcare professionals were recorded.  Assistance is in place, for those residents who need to register with a new GP and / or healthcare professional.	Compliant
<b>Criterion Assessed:</b> 9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Discussions with staff on duty confirmed that they had knowledge and understanding of residents’ needs and practices and interventions prescribed. This knowledge and understanding was found to correspond with the assessments and care plans reviewed.  A detailed written daily handover report was also in place for changeovers of staff. This report gave good account of the needs of residents, and in particular the increased changing needs of those residents receiving intermediate care. This is good practice.  There were individual assessments in place of residents’ continence care needs, and general observations of this specific area of care identified no obvious concerns in relation to same.	Compliant

**STANDARD 9 - Health and social care**  
**The health and social care needs of residents are fully addressed.**

<p><b>Criterion Assessed:</b>                  9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.</p>	<p align="center"><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b>                  A review of residents' care records confirmed that issues of assessed need had a recorded statement of care / treatment given and effect of same. This included referrals to the aligned health care professional(s).                   Discussions with staff and the registered manager in relation to specific residents' needs revealed good knowledge of the prescribed plan of care in place. The home has access to aligned health care professionals, such as a physiotherapy team and a social worker who are based on site.</p>	<p align="center">Compliant</p>
<p><b>Criterion Assessed:</b>                  9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.</p>	<p align="center"><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b>                  Evidence was in place to confirm that the resident's representative is provided with feedback from health and social care appointments and any follow up care required. This evidence was recorded in a contact record with the resident's representative and also in the resident's progress records.                   Care pathway / care plans for intermediate care residents were maintained in individual residents' rooms, which added to the resident's consultation process.</p>	<p align="center">Compliant</p>

**STANDARD 9 - Health and social care**  
**The health and social care needs of residents are fully addressed.**

<p><b>Criterion Assessed:</b>                  9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.</p>	<p align="center"><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b>                  A record is maintained of each resident's contact with their aligned health care professional(s). There was also evidence in place to confirm that referrals are made as necessary to the appropriate service.</p>	<p align="center">Compliant</p>
<p><b>Criterion Assessed:</b>                  9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.</p>	<p align="center"><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b>                  General observations of residents' aids, appliances and equipment found these were maintained in good order.</p>	<p align="center">Compliant</p>

## **10.0 Additional Areas Examined**

### **10.1 Resident's consultation**

The inspector met with a large number of residents throughout this inspection. Feedback from residents was all positive and complimentary, with no concerns expressed by any residents.

Those residents receiving intermediate care were keen to express their praise and gratitude for the care received and kindness and support received from staff. They also gave detail and account on how their admission to the home was benefitting their health and well-being.

Some of the comments made included statements such as;

"You couldn't wish for better, I have all my comforts here"

"The home is simply marvellous"

"It's better than a 5 star hotel, because the staff couldn't be any kinder"

"I really feel a lot better coming here"

### **10.2 Relatives/representative consultation**

There were no visiting relatives in the home at the time of this inspection.

### **10.3 Staff consultation**

The inspector spoke with four members of staff of various grades on duty. All spoke in positive terms about the provision of care, the resources and training in place to support their roles, and the teamwork and staff morale.

No concerns were expressed.

### **10.4 Visiting professionals' consultation**

The inspector did not meet with any visiting professionals to the home at the time of this inspection. Although there was good presence of visiting professionals in lieu of care of intermediate care residents.

### **10.5 Environment**

The home was clean and tidy with a good standard of décor and furnishings being maintained.

### **10.7 Care practises**

Observations of care practices throughout this inspection found that residents were treated with dignity and respect. Care duties were organised at an unhurried pace and residents' individual needs relating to rest, continence, mobility, social activity and dietary were appropriately attended to. Staff interactions with residents were found to be polite, friendly, warm and supportive.

## **10.8 Accident / incident reports**

A review of the home's accident / incident records from the date of the previous inspection was undertaken. These reports were found to be appropriately managed and reported. A monthly analysis of accidents / incidents is undertaken by the registered manager to establish if there are any trends or patterns. This is good practice.

## **10.9 Monitoring reports**

A review of the last three monitoring reports on the behalf of the registered provider was undertaken. These reports were found to be maintained in detail and in accordance with legislation, which supported good governance.

## **11.0 Quality Improvement Plan**

The findings of this inspection were discussed with Mrs Anne Doherty as part of the inspection process.

This inspection resulted in no requirements or recommendations being made. The registered provider and registered manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of this report.

Enquires relating to this report should be addressed to:

**John McAuley**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



No requirements or recommendations resulted from the **secondary unannounced** inspection of **Pine Lodge** which was undertaken on **3 March 2015** and I agree with the content of the report.

Please provide any additional comments or observations you may wish to make below:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	ANNE DOHERTY
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Dr M McBride Chief Executive

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	John McAuley	22 April 2015
Further information requested from provider			